

1. NUMBER: FD36-01-016	2. PCN: PB20402	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions: MSFC Form 2327-2)		3. DATE: 10/09/2001	4. PAGE: 1 OF 1
5. TO: Lybrease Woodard, FD32		6. THRU:		7. FROM: David Reynolds, FD36	
8. TITLE OF CHANGE: PERS Buckle Replacement					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE			10. NEED DATE: 10/10/2001		
11. PROGRAM(S)/PROJECT(S) AFFECTED: PERS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: 96M70998-1, PERS Buckle Strap, Detail and Assembly		
13. RECOMMENDED EFFECTIVITY(IES): N/A			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): N/A		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER: N/A			15A. INITIATING DOCUMENT NUMBER (e.g., DR, Software Trouble Report, etc.): N/A		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated. If necessary, continue on MSFC Form 2327-1, Continuation Sheet): This change is required in order to produce a crew procedure to assist the ISS on-board crew in replacing the PERS buckles. This replacement was requested by the astronaut office in order to improve the PERS operations aboard the ISS.					
17. EFFECTS ON: <input type="checkbox"/> HARDWARE <input type="checkbox"/> FACILITY <input type="checkbox"/> SCHEDULE (SEE ENCLOSURE _____ FOR IMPACT) <input type="checkbox"/> REQUIREMENTS DOCUMENTATION <input type="checkbox"/> SOFTWARE <input type="checkbox"/> ENVIRONMENT <input type="checkbox"/> COST (ESTIMATED COST INCLUDED IN ENCLOSURE _____) <input checked="" type="checkbox"/> OTHER (SPECIFY): <u>Crew Procedures</u>					
18. DESCRIPTION OF CHANGE (Include reference to enclosure. If necessary, continue on MSFC Form 2327-1, Continuation Sheet.): Develop and produce a crew procedure for the replacement of the PERS buckles. Include the handling of the old replaced buckles to be stowed and returned to the ground. Note: The baseline Op Nom is for reference only.					
19. MOD KIT INFORMATION:					
YES NO				Enclosure	Paragraph
<input type="checkbox"/> <input checked="" type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input checked="" type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing location:					
<input type="checkbox"/> <input checked="" type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input checked="" type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
N/A					
20. SIGNATURE OF ORIGINATOR: David Reynolds /s/		DATE:	TELEPHONE NUMBER: 544-4579	OFFICE SYMBOL: FD36	
21. CONCURRENCE					
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORG. CODE	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORG. CODE	DATE